

1. PROJECT NO. 306-11-570-110.4		2. PAR FOR PERIOD: 1st and final TO		3. COUNTRY Afghanistan		4. PAR SERIAL NO. 78 - 8	
5. PROJECT TITLE Health/Family Planning- Auxiliary Nurse Midwife Training (ANM)							
6. PROJECT DURATION: Began FY 73 Ends FY 75		7. DATE LATEST PROP April 73		8. DATE LATEST PIP -		9. DATE PRIOR PAR None	
10. U.S. FUNDING		a. Cumulative Obligation Thru Prior FY: \$ 556,000		b. Current FY Estimated Budget: \$ -		c. Estimated Budget to completion After Current FY: \$ -	
11. KEY ACTION AGENTS (Contractor, Participating Agency or Voluntary Agency)							
a. NAME University of California at Santa Cruz				b. CONTRACT, PASA OR VOL. AG. NO. AID/pha -C- 1062			

I. NEW ACTIONS PROPOSED AND REQUESTED AS A RESULT OF THIS EVALUATION

A. ACTION (X)			B. LIST OF ACTIONS	C. PROPOSED ACTION COMPLETION DATE
USAID	AID/W	HOST		
XS	XX	XX	<p>A new project, <u>Basic Health Services</u>, Afghanistan (No. 306-0144) was submitted to AID/W on March 9, 1976. This ANM activity will be included in the new project with the same scope-of-work. It is planned to continue the contract with the University of California Santa Cruz.</p> <p><u>N.B.</u> This is the first and final PAR to be submitted for this sub-project.</p>	<p>AID/W PP approval April /May 78 Project Agreed May/June 78</p>

C. REPLANNING REQUIRES		E. DATE OF MISSION REVIEW			
REVISED OR NEW:	<input type="checkbox"/> PIP <input checked="" type="checkbox"/> PRO AG <input checked="" type="checkbox"/> PID/T <input type="checkbox"/> PIC/C <input type="checkbox"/> PIO/P	May 9, 1976			
PROJECT MANAGER: TYPED NAME, SIGNED INITIALS AND DATE		MISSION DIRECTOR: TYPED NAME, SIGNED INITIALS AND DATE			
HFP: Charles R. Gurney		D: Vincent W. Brown			

II. PERFORMANCE OF KEY INPUTS AND ACTION AGENTS

A. INPUT OR ACTION AGENT CONTRACTOR, PARTICIPATING AGENCY OR VOLUNTARY AGENCY	B. PERFORMANCE AGAINST PLAN							C. IMPORTANCE FOR ACHIEVING PROJECT PURPOSE (X)				
	UNSATISFACTORY		SATISFACTORY			OUTSTANDING		LOW		MEDIUM		HIGH
	1	2	3	4	5	6	7	1	2	3	4	5
1. Univeristy of California, Santa Cruz					X						X	
2.												
3.												

Comment on key factors determining rating

Contractor, with USAID, has provided advisory services and commodities effectively and on time after initial delay of one year (delay from April 73 PROP approval to procurement by AID/W of a suitable contractor). Planned outputs were originally: (1) three ANM training schools, (2) revised ANM curriculum (3) training in US and in Afghanistan of ANM faculty, and (4) trained ANM school graduates serving in rural BHCs. Contractor has been prepared to provide its inputs on PROP schedule; however, Ministry not able meet schedules for faculty training, school enrollment and commodities utilization. Curriculum revision and in-country training services are on schedule by contractor. Assignment of ANM graduates to rural health centers is satisfactory to date.

4. PARTICIPANT TRAINING	1	2	3	4	5	6	7	1	2	3	4	5
						X					X	

Comment on key factors determining rating

Contractor has maintained training staff, adjusted its schedules often to accommodate MOPH, and assisted in-country to expedite selection and qualification of participants for UC/SC training. However, of 15 planned training starts (UC/SC campus of contractor), only three begun and completed due inability MOPH select and prepare candidates.

5. COMMODITIES	1	2	3	4	5	6	7	1	2	3	4	5
						X				X		

Comment on key factors determining rating

Commodities element consists of educational training equipment and 8 vehicles. USAID procured, Contractor assists with utilization within project. Educational equipment delivery to project and utilization satisfactory. Vehicle assignment not satisfactory, see "cooperating country"

6. COOPERATING COUNTRY	a. PERSONNEL											
	1	2	3	4	5	6	7	1	2	3	4	5
				X								X
	b. OTHER											
		X										X

Comment on key factors determining rating

MOPH personnel required at faculty and administrative levels. ANM faculty personnel satisfactory. Administrative personnel, to date, unable maintain project schedules. MOPH has not: (1) utilized participant training program in US; (2) completed new ANM school (in rescheduling of project, MOPH decided against establishing 2 other planned ANM schools) (3) recruited and enrolled sufficient numbers of students (4) utilized 6 of the 8 vehicles in this project. Overall performance is poor; however, in context of developing new BHS project, MOPH is beginning to cooperate with contractor and USAID to take necessary corrective measures. Mitigating circumstances: AID delay of one year in providing contractor. Major, abrupt change of Government in 1973 and consequent reassignment of key MOPH personnel.

7. OTHER DONORS	1	2	3	4	5	6	7	1	2	3	4	5
					X					X		

(See Next Page for Comments on Other Donors)

IL 7. Continued: Comment on key factors determining rating of Other Donors

US Peace Corps previously provided two teachers to ANM school. This was discontinued during past year by the MOPH.

III. KEY OUTPUT INDICATORS AND TARGETS

A. QUANTITATIVE INDICATORS FOR MAJOR OUTPUTS		TARGETS (Percentage/Rate/Amount)					
		CUMU- LATIVE PRIOR FY	CURRENT FY 76		FY ____	FY ____	END OF PROJECT
			TO DATE	TO END			
Curriculum revisions. (advisory services)	PLANNED			100%			*
	ACTUAL PERFORM- ANCE		80%				
	REPLANNED						*
Training abroad of ANM Faculty (Note: 4 participants scheduled to begin UC/SC Training in May 76)	PLANNED	27	83 MM	83 MM			*
	ACTUAL PERFORM- ANCE	64 MM	64 MM				
	REPLANNED						
Graduation of students in ANM school (Kabul) (90 graduates per annum planned)	PLANNED		90	90			*
	ACTUAL PERFORM- ANCE	76	25				
	REPLANNED						*
Commodities utilization . (Procurement 100%)	PLANNED			100%			*
	ACTUAL PERFORM- ANCE		50%				
	REPLANNED						
B. QUALITATIVE INDICATORS FOR MAJOR OUTPUTS		COMMENT:					
1. Substantial increase in delivery of improved basic health serv- ices to the rural population.		MOPH expansion plans were overly ambitious. Abrupt change of Government and re-examination of policies set back major programs of MOPH (as other Ministries). BHS now replanned and attainable objectives defined. New BHS PP submitted.					
2.		COMMENT:					
3.		COMMENT					
		* See Basic Health Services Project Paper.					

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IV. PROJECT PURPOSE

1. 1. Statement of purpose as currently envisaged.

2. Same as in ^{PP}~~PAR~~ ☐ YES ☐ NO

This sub-project is to be subsumed under the new Basic Health Services. Project (FY 76 - FY 78). New Purpose statement (PP) is (a) "to provide basic health services, with emphasis on services for women and children, to 830,000 person living in fifty Minor Civil Divisions with a total of Afghanistan's six Health Regions, "(b) " to provide two or more Alternative Health Delivery Systems which when widely replicated will provide a minimal health service for those persons who will not have reasonable access to a Basic Health Center. (See continuation sheet)

8. 1. Conditions which will exist when above purpose is achieved.

2. Evidence to date of progress toward these conditions.

BHCs provide service to 830,000 people:

A. Each operational BHC provides: diagnosis; effective treatment for 80% of diseases presented; referrals to provincial hospitals; FP education and service; midwifery and MSH service; health education for nutrition and sanitation; and vaccination service.

B. Average daily BHC attendance 50 patients.

C. The proportion of women and children seeking health services increasingly corresponds with their numbers in the population.

Two or more alternative Health Delivery Systems of proven effectiveness developed and capable of being replicated at affordable cost.

Through this sub-project and another Management for Rural Health sub-project (See PAR 76 - 6), progress has been made in problem identification and solution, health systems models testing, rationalization of commodities handling and training of personnel. The work of these past two years has provided the basis for revising short term objectives as well as for planning the Phase I Basic Health Services project.

(See Continuation sheet)

V. PROGRAMMING GOAL

A. Statement of Programming Goal

From new Basic Health Services Project Paper: " To improve the health of the Afghan population not now having access to effective health education and services due largely to circumstances of residence, poverty, age, and sex. These are mostly the rural people who comprise 85% of the population.

(See continuation sheet)

B. Will the achievement of the project purpose make a significant contribution to the programming goal, given the magnitude of the national problem? Cite evidence.

Yes. While specific objectives have not been fully met and schedules not well maintained, the Mission DAP objective of establishing working relationships is being met. To achieve national health goal, BHS project (new) purpose must be attained. Training of female para-medicals (ANM sub-project) is essential output for purpose achievement. Without trained female medical and paramedicals, the goal would forever be beyond reach of Afghanistan's women.

PROJECT APPRAISAL REPORT (PAR) CONTINUATION SHEET

Continuation sheet, Page 4.

Health/Family Planning- Auxiliary Nurse Midwife Training (ANM)

IV.A. I. Project Purpose: Stated in original PROP (1973)

" Develop an institutional capability within the MOPH to train female nurses (auxiliary nurse midwives) and to provide family planning services in the rural areas of Afghanistan. "

Achievement. The institutional capabilities for the ANM Faculty members (fewer than planned) have been trained in the US and in Kabul. The first round of curriculum revisions has been made. A total of 101 ANMs have graduated since the project began (first class prior to USAID participation); this is about 80% of target.

In the area of family planning there has been less progress. FP training of faculty and students has been satisfactory, but the completion of an FP services network in rural areas is considerably behind schedule. (To be increased by a minimum of 50 new Basic Health Centers in the new, 1976 - 78, BHS project.) For urban populations, the Afghan Family Guidance Association Project provides the services which the planned ANMs will provide in the rural areas.

B. 1. Conditions which will exist when above purpose is achieved.

From 1973 PROP

- "1. Family planning services available in 180 basic health clinics and 100 sub-health centers. "
- " 2. A minimum of one ANM assigned to each basic health clinic and sub-health center. "
- " 3. Three ANM schools. "
- " 4. Qualified training staff in the ANM schools with functional curriculums and supporting training materials. "
- " 5. A functional system of feedback from the field to the ANM training institutions. "

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Achievement

1. Family planning services available only in a few BHCs. Entire BHC schedule revised for improved (and more modest) implementation 1976-78. FP services available from 24 AFGA clinics (urban) and from approximately 10 to 12 BHCs.
2. There is a minimum of one ANM assigned to almost every BHC (probably to all) as well as surplus ANMs assigned to other MO PH hospitals and clinics.
3. The MO PH is deferring the establishing of two ANM schools outside Kabul (1) graduates are temporarily in excess of BHS needs, and (2) the new Kabul ANM school will have the capacity required in the years immediately ahead.
4. Three ANM faculty members have been trained in the US during the project and 4 more are firmly scheduled to begin ~~the~~ training in May 1976. This is behind schedule but marginally satisfactory. The first overall curriculum revisions have been made.
5. A functional system of feedback from the rural BHS will be developed (beyond current plan and design) as the rural BHCs are opened in the years 1976 - 78.

V. Programming Goal 1973 PROP

" Prevent population growth from outstripping Afghanistan's potential economic development. "

This goal is now included in the overall, integrated health and FP goal of the new Basic Health Services Project (FY 76 - 78)